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Sequence Listing on Diskette

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Certificate of Mailing				
Date of Deposit	Label Number: _	EI975155822US		
I hereby certify under 37 CFR 1.10 that this correspondence "Express Mail Post Office to Addressee" with sufficient p PATENT APPLICATION, Assistant Commissioner for Paten	oostage on the date indica	ated above and is addressed to: BOX		
Sandra E. Marxen	Sande	a / Ward		
Printed name of person mailing correspondence		Signature of person mailing correspondence		

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)				
Attorney Docket Number	01997/1980Q6			
Applicant	H. Robert Horvitz, Junying Yuan, Shai Shaham			
Title	Cloning, Sequencing and Characterization of Two Cell Death Genes and Uses Therefor			
PRIORITY INFORMATION:				
a CIP of 07/897,788, filed June 13	which is a divisional of 07/97	nited States patent application 9,638, filed November 20, 1992 which is		
APPLICATION ELEMENTS:				
Cover sheet		01 pages		
Specification		66 pages		
Claims		15 pages		
Abstract		01 pages		
Drawing		21 pages		
Combined Declaration and POA, which is:  Unsigned;  Newly signed for this application;  A copy from prior application 07/979,638 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		03 pages		
Statement Deleting Inventors		0 pages		
Sequence Statement		0 pages		
Sequence Listing on Paper		0 pages		

0 pages

Small Entity Statement, which is:  Unsigned; Newly signed for this application; A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages		
Preliminary Amendment	0 pages		
IDS	0 pages		
Form PTO 1449	0 pages		
Cited References	0 pages		
Recordation Form Cover Sheet and Assignment	0 pages		
Assignee's Statement	0 pages		
English Translation	0 pages		
Certified Copy of Priority Document	0 pages		
Return Receipt Postcard	1		
FILING FEES:			
Basic Filing Fee: \$790/\$395	\$395.00		
Excess Claims Fee: 68 - 20 x \$11/\$22	\$528.00		
Excess Independent Claims Fee: 22 - 3 x \$82/\$41	\$779.00		
Multiple Dependent Claims Fee: \$270/\$135	\$0		
Total Fees:	\$1702.00		
□ Enclosed is a check for to cover the total fees. □ Charge to Deposit Account No. 03-2095 to cover the total fees. □ The filling fee is not being paid at this time. □ Please apply any other charges, or any credits, to Deposit Account No. 03-2095.			
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K- Mulu-Knun	Jan 1997		
Signature	Date		